

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name <u>Seven Trees Community Center</u>		Date Stamp <u>2013 AUG 28 AM 9:42</u>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>PRNS, 3590 Cas Dr, San Jose, CA 95111</u>			
Designated Agency Contact (Name, Title) <u>Dora Liou - Gerontology Specialist</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408/794-1690</u>	E-mail <u>dora.liou@sanjoseca.gov</u>	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 38

Event Description Ringling Bros. Circus Date(s) 8/24/13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Seven Trees Community Center</u>	<u>4</u>	<u>Recognition - Edgar Ortiz & Monica Gailhot</u> <u>Tickets gave to</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Dora Liou Gerontology Specialist 08/26/13
Signature of Agency Head or Designee Print Name (Title) (Month, Day, Year)

Comment: _____

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Continuation Sheet

California **802**
Form
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Agency Name

Seven Trees Community Center

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Seven Trees Community Center	4	Recognition - tickets gave to Edgar Ortiz & Monica Salgado

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